

**Department of Fish and Wildlife
 COMMERCIAL DRIVERS LICENSE DIFFERENTIAL AUTHORIZATION
 DFW / CDLDA (01/00)**

POSITION NUMBER		WORK LOCATION		
EMPLOYEE'S CLASSIFICATION				
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER		
CALIFORNIA DRIVERS LICENCE Class A Class B CDL# _____ Expir. Date: _____	ENDORSEMENTS N (Tank Vehicle) T (Double Trailer Combination) P (Passenger Transport Vehicle) H (Marked Vehicles Transporting Hazardous Materials or Wastes) X (Tank Vehicles Transporting Hazardous Materials or Wastes)	SPECIAL CERTIFICATES Tow Truck Driver Clearance Other: _____ _____ _____		
CURRENT MEDICAL CERTIFICATION YES NO Expir. Date: _____			AIR BRAKES Approved Restricted	
ACTION TO BE TAKEN Initial Payment Terminate Payment Updating Information Only Effective Date: _____ Effective Date: _____ Effective Date: _____				
Print Name & Title of Person Initiating Action	Signature		Date	
Print Name & Title of Person Authorizing Action	Signature		Date	
Comments				
SEND COMPLETED FORM TO PERSONNEL LIAISON				
PERSONNEL STAFF USE ONLY				
Monthly Differential Amount To Be Paid \$ _____	Retroactive Payment Due YES NO Amount \$ _____	Retro Pay Made in Separate Check YES NO Date: _____	Overpayment to Collect YES NO Amount: \$ _____ Pay Period or Date:	First Pay Period Reflecting Change of Pay _____ Mo/Yr
Signature:			Date	